

IN THE UNITED STATES DISTRICT COURT  
FOR THE Southern DISTRICT OF TEXA  
Houston DIVISION

United States Court  
Southern District of Texas  
FILED

Form To Be Used By A Prisoner in Filing a Complaint  
Under the Civil Rights Act, 42 U.S.C. § 1983

MAR 18 2013

Shirley A. Bradley, Clerk of Court

LEROY DEBOSE #251249  
Plaintiff's name and ID Number

Ellis-B2-1-15-1697-FM 980 Huntsville, Texas 77343  
Place of Confinement

CASE NO: \_\_\_\_\_

(Clerk will assign the number)

v.

Plaintiff Request:  
Evidentiary Hearing  
Appointment of Counsel  
Jury Trial

University Of Texas Health Systems  
Defendant's name and address  
301 Univ. Blvd. Suite 6-100 Galveston Texas 77555-0129

B. Davis  
Defendant's name and address

Shanta Crawford  
Defendant's name and address

(DO NOT USE "ET AL.")

TEXAS DEPARTMENT OF CRIMINAL JUSTICE INSTITUTIONS DIV.

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of Texas prison units indicating the appropriate District Court, the Division and an address of the Divisional Clerks.

- ## CHANGE OF ADDRESS

**I. PREVIOUS LAWSUITS:**

- Page 2 of 5

II. PLACE OF PRESENT CONFINEMENT: Ellis B-2-1697 FM 980 Huntsville, Tx 77343

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution?   X   YES        NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THE SUIT:

A. Name of address of plaintiff:   NONE  

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: University Of Texas Health Systems

301 Univ. Blvd. Suite 6-100 Galveston, Tx. 77555

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

ENTERED ILLEGAL MEDICAL CO-PAYMENT CONTRACT WITH T.D.C.I.D. Univ. Of Texas Medical Branch Contract Employees Made Illegal Medical Copayment Deductions.

Defendant #2: B. Davis Practice Manager Ellis

UTMB Contract Employee 1697 FM 980 Huntsville, Texas 77343

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Refused to Refund Money for Invalid Charge Retroactive Applct.

Defendant #3: Shanta Crawford (Former) Ellis-Practice Manager

Formerly of 1697 FM 980 Huntsville, Tx 77343

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Declined to Refund Money for Invalid Retroactive Application

Defendant #4: Senior Warden R. Morris Ellis Unit

1697 FM 980 Huntsville, Texas 77343

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

Affixed Official Stamp on Step-1 Grievance Denying Refund Of Monies

for 1-2-12, Charge, Retroactively Applied.. ROBERT H. KANE SR. HEALTH SERVICES DIV. GRS P.O. BOX 90 HUNTSVILLE TX.

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.

DIRECTED UTMB PRACTICE MANAGER TO RETROACTIVELY  
Apply AMENDED GOVT CODE SO1.063 AND ADMIN. DIRECTIVE  
AD.06.08 TO JUSTIFY THE INCREASED \$100.00 CO-PAYMENT  
#10. TEX. DEPT. CRIM. JUST. INST. DIV. P.O. BOX 90  
HUNTSVILLE, TEXAS 77340 (ADMIN. BLDG.)  
RETROACTIVELY APPLIED AN AMENDED \$100.00 FEE (FROM 3.00)  
FOR A ONE (1) YEAR PERIOD BARRING LAWSUITS BY INMATES

V. STATEMENT OF CLAIM: Plaintiffs U.S. Const. 8th Amend. Right-Cruel and Unusual Punishment-14th Amend. Due Process and U.S. Ex Post Facto Clause violation U.S. Const.-Art. 1§10

On 11/12-01, 12 Defendants Retroactively Applied A Texas Dept. Of Crim. Just. Insts. Div. \$100.00 Medical CoPayment Charge against Plaintiff For a 1-2-12, No-Show or Unrequested Blood Withdrawl. TDCJ-ID in conjunction with its Contractually Allied Business Partner, The Univ. Of Texas-Health Systems, are making illegal Medical CoPayment Deductions by Authority of Art. 65. of Govt. Code 501.063 (section 9) and Administrative Directive-06.08. Plaintiff challenge the illegal Retroactive Expropriation effective 9-28-2011 on the grounds of my entering T.D.C.J.-I.D. Sept. 15, 1975, under the 64th Leg. 6166-6184-42.12 laws, when Medical CoPayment was nonexistent. Plaintiff is at a disadvantage in that Texas, Does Not Pay for Labor. And can not tax Charitable Handouts from family and friends.

## VII. GENERAL BACKGROUND INFORMATION:

**NONE**

NOT REMEMBERED OVER 30-YRS. AGO

4. Have the sanctions been lifted or otherwise satisfied? \_\_\_\_\_ YES \_\_\_\_\_ NO

- C. Has any court ever warned or notified you that sanctions could be imposed? X YES \_\_\_ NO
- D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): U.S. District Court Western Dist. Of Texas
2. Case number: No. A-10-CA-445-Ly
3. Approximate date warning were imposed: Sept. 2nd, 2010

Executed on: January MARCH 15, 2013  
(Date)

LEROY DEBOSE  
(Printed Name)

LeRoy DeBose 251249  
(Signature of Plaintiff)

### PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachment thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger or serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$350 filing fee and costs assess by the Court, which shall be deducted in accordance with the law from the inmate account by my custodian until the filing fee is paid.

Signed this 15 day of MARCH, 20 13.  
(Day) (Month) (Year)

LEROY DEBOSE  
(Printed Name)

LeRoy DeBose  
(Signature of Plaintiff)

**WARNING:** The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limbed to monetary sanctions and/or the dismissal of this action with prejudice.